

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1	1					52						
3	1	1					53						
4	1	1					54						
5	1	1					55						
6	1	1					56						
7	1	1					57						
8	1	1					58						
9	1	1					59						
10	1	1					60						
11	1	1					61						
12	1	4					62						
13		1					63						
14		7					64						
15	1						65						
16		1					66						
17		2					67						
18		1					68						
19		1					69						
20		1					70						
21		1					71						
22		1					72						
23							73						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	28						TOTAL CLAIMS						